

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/563 079

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/				
2	/	/				
3	2					
4	2					
5	2					
6	1					
7	1					
8	3					
9	3					
10	2					
11	2					
12	3					
13	1					
14	3					
15	1					
16	1					
17	0					
18	1					
19	2					
20	2					
21	2					
22	6					
23	6					
24	6					
25	7					
26	6					
27	6					
28	6					
29	6					
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48						
49						
50						
TOTAL IND.	5					
TOTAL DEP.	18					
TOTAL CLAIMS	23					

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						